



United States
Environmental Protection Agency
 Washington, DC 20460

☒
☐
☐

Registration
Amendment
Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 45002-00xxx	2. EPA Product Manager C. Giles-Parker	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Albaugh Mefenoxam Technical	PM# BC	
5. Name and Address of Applicant (Include ZIP Code) Albaugh, LLC 1525 NE 36th Street Ankeny, IA 50021 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. <u>35935-118</u> Product Name <u>Nufarm Mefenoxam Technical</u>	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Initial application to register.

This application is being submitted under PRIA IV Fee for Service program as EPA Class # R333 application with a 10 month review time and a fee of \$20,830 for each site. An electronic transfer for that amount has been submitted to the EPA concurrently with this application.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
				<input checked="" type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input checked="" type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted					
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 55 lbs		5. Location of Label Directions <input checked="" type="checkbox"/> Attached to container	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper, glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Ailis Gregory		Title Regulatory Manager, North America		Telephone No. (Include Area Code) 229-244-3288	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Regulatory Manager, North America			
4. Typed Name Ailis Gregory ailisg@albaughllc.com		5. Date August 28, 2020			